



MONSU Peninsula  
2019 ANNUAL ELECTIONS  
Monday 23 September - Wednesday 25 September 2019

# APPOINTMENT OF SCRUTINEER FORM

PLEASE ENSURE YOU WRITE NEATLY AND USE BLOCK LETTERS ONLY

I, the undersigned candidate, appoint the person listed below to act as my scrutineer:

CANDIDATE DETAILS			
First Name:		Last Name:	
Student ID:		Email Address:	
Mobile Phone Number:			
Position:			
Signature:			

SCRUTINEER DETAILS			
First Name:		Last Name:	
Mobile Phone Number:			

I, the above listed scrutineer, acknowledge that:

- I must not touch any ballot papers or other election equipment or material;
- I must not consume alcohol in the count room;
- I am required to observe and follow provisions in the Election Regulations that relate to my role as a scrutineer, as well as any directions given to me by the Returning Officer or other election staff; and
- failure to comply with these requirements may result my exclusion from the count room at the absolute discretion of the Returning Officer.

Scrutineer Signature:	
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<u>Office Use Only</u>
Date Received: ..... Time Received: ..... Received By: .....